

Fill in this information to identify your case:

| | | | |
|---|---------------------------------|-------------|-----------|
| Debtor 1 | Ramon Lee Batts | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Dountonia Shawntee Batts | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF INDIANA | | |
| Case number | 18-09567-RLM-13 | | |
| (if known) | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets Value of what you own |
|---|----|--------------------------------------|
| 1. Schedule A/B: Property (Official Form 106A/B) | | |
| 1a. Copy line 55, Total real estate, from Schedule A/B..... | \$ | 0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | \$ | 53,284.76 |
| 1c. Copy line 63, Total of all property on Schedule A/B..... | \$ | 53,284.76 |

Part 2: Summarize Your Liabilities

| | | Your liabilities Amount you owe |
|---|----|------------------------------------|
| 2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D) | | |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ | 32,553.97 |
| 3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F) | | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ | 10,000.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | \$ | 309,826.46 |
| Your total liabilities | | \$ 352,380.43 |

Part 3: Summarize Your Income and Expenses

| | | |
|---|----|-----------------|
| 4. <i>Schedule I: Your Income</i> (Official Form 106I) | | |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ | 8,874.00 |
| 5. <i>Schedule J: Your Expenses</i> (Official Form 106J) | | |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ | 7,574.00 |

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

7. What kind of debt do you have?

☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

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8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **8,741.78**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

| | Total claim |
|--|---------------------|
| From Part 4 on Schedule E/F, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ 10,000.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ 43,912.54 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 53,912.54 |

Fill in this information to identify your case and this filing:

| | | | |
|---|---------------------------------|-------------|-----------|
| Debtor 1 | Ramon Lee Batts | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | Dountonia Shawntee Batts | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF INDIANA</u> | | | |
| Case number | <u>18-09567-RLM-13</u> | | |

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☒ No. Go to Part 2.
- ☐ Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1 Make: Dodge

Model: Durango

Year: 2014

Approximate mileage: 7000

Other information:

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$22,350.00\$22,350.00

3.2 Make: Chevrolet

Model: Trailblazer

Year: 2003

Approximate mileage: 170,000

Other information:

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$4,350.00\$4,350.00**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
- ☐ Yes

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5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$26,700.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

Miscellaneous household goods and furnishings

\$250.00

Lease-to-own furniture being purchased through NPRTD North-East, LLC

\$1,600.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

2 televisions & 2 cell phones

\$200.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe.....

9 mm handgun

\$20.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Miscellaneous wearing apparel

\$1,750.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

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Misc costume jewelry, watches, ring

\$1,000.00

13. **Non-farm animals**

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

1 dog

\$0.00

14. **Any other personal and household items you did not already list, including any health aids you did not list**

☐ No

☒ Yes. Give specific information.....

CPAP machine

\$1,500.00

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$6,320.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash

\$35.00

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. savings (#1715)

Financial Center

\$0.00

17.2. checking (#2161)

PNC Bank

\$1,615.05

17.3. HSA

Husband's Health Savings Account-payroll deducted

\$500.00

17.4. debit (#9875)

Indiana Eppicard where Wife's child support is deposited

\$5.00

17.5. checking (#1715)

Financial Center

\$228.61

Debtor 1 **Ramon Lee Batts**
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| | | | |
|-------|--------------------------|---------------------------|----------|
| 17.6. | Share (#2366) | Forum CU (joint w/son) | \$14.42 |
| 17.7. | student checking (#2408) | Forum CU (joint w/son) | \$24.64 |
| 17.8. | Share (#5800) | Forum CU (joint with son) | \$16.22 |
| 17.9. | checking #1583) | Forum CU (joint w/son) | \$210.31 |
| 17.10 | Special Savings (#4927) | Forum CU (joint w/son) | \$0.00 |
| 17.11 | Special Savings (#3833) | Forum CU (joint w/son) | \$0.00 |
| 17.12 | Special Savings (#3841) | Forum CU (joint w/son) | \$0.00 |
| 17.13 | checking (#8404) | BMO Harris Bank | \$144.95 |
| 17.14 | savings (#3421) | BMO Harris Bank | \$73.73 |
| 17.15 | checking (#0472) | BMO Harris Bank | \$2.02 |

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Both debtors are members of Collaborative Resource Company, LLC.

Sole asset is checking account @ Old National Bank (#4431)

100

%

\$133.42

Wife is sole member of Scriptura Grant Writing and Fundrasing Professinoals LLC

Assets consist of the following:

Old National Bank checking acct. (#1409)

\$0.00 income in 2018

100

%

\$41.00

Wife is member of Riverside Invesetment Club, LLC, which has nominal assets

%

\$0.00

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20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

| | | |
|-----------------------------|--|-------------------|
| Defined benefit plan | Indiana Public Employees' Retirement Fund | \$6,361.05 |
| 401(k) | 401(k) administered by American Funds | \$1,310.68 |
| pension | Husband's retirement/pension accounts | Unknown |
| pension | Indianapolis Public Schools 403(b) Pension Plan administered by VALOC | \$6,471.62 |
| 403(b) | Indianapolis Public Schools retirement annuity administered by AXA Equitable Life Insurance Company | \$802.00 |
| IRA (#5808) | Forum CU-IRA | \$200.04 |

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No

☒ Yes.

Institution name or individual:

| | | |
|-------------|---------------------|-------------------|
| rent | Rent Deposit | \$1,275.00 |
|-------------|---------------------|-------------------|

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

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27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No
☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

- ☐ No
☒ Yes. Give specific information..

**Wife is affiliated with several non-profit corporations, to wit:
 IPS Community Coalition, Inc.;
 Appellate Justice Project for Domestic Violence Survivors,
 Inc.;
 Slack Family Travel Club, Inc.
 She has no ownership interest therein, and does not receive
 any income or benefits therefrom.**

\$0.00

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Husband is affiliated with non-profit corporation, to wit:
 Education Consultants for Transformative Justice, Inc.
 He has no ownership interest therein, and does not receive
 any income or benefits therefrom.

\$0.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$19,464.76

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☐ No. Go to Part 6.

☒ Yes. Go to line 38.

**Current value of the
 portion you own?**
 Do not deduct secured
 claims or exemptions.

38. Accounts receivable or commissions you already earned

☒ No

☐ Yes. Describe.....

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No

☒ Yes. Describe.....

Fax machine, projector, desk, computer

\$800.00

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No

☐ Yes. Describe.....

41. Inventory

☒ No

☐ Yes. Describe.....

42. Interests in partnerships or joint ventures

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

☒ No.

☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☒ No

☐ Yes. Describe.....

44. Any business-related property you did not already list

☒ No

☐ Yes. Give specific information.....

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45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....

\$800.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

| | | |
|--|--------------------|---|
| 55. Part 1: Total real estate, line 2 | | \$0.00 |
| 56. Part 2: Total vehicles, line 5 | \$26,700.00 | |
| 57. Part 3: Total personal and household items, line 15 | \$6,320.00 | |
| 58. Part 4: Total financial assets, line 36 | \$19,464.76 | |
| 59. Part 5: Total business-related property, line 45 | \$800.00 | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | |
| 61. Part 7: Total other property not listed, line 54 | \$0.00 | |
| | + | |
| 62. Total personal property. Add lines 56 through 61... | \$53,284.76 | Copy personal property total \$53,284.76 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | \$53,284.76 |

Fill in this information to identify your case:

| | | | |
|---|---------------------------------|-------------|-----------|
| Debtor 1 | Ramon Lee Batts | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | Dountonia Shawntee Batts | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF INDIANA | | |
| Case number (if known) | 18-09567-RLM-13 | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|---|--|--|------------------------------------|
| 2003 Chevrolet Trailblazer 170,000 miles Line from <i>Schedule A/B</i> : 3.2 | \$4,350.00 | <input checked="" type="checkbox"/> \$3,550.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(2) |
| Miscellaneous household goods and furnishings Line from <i>Schedule A/B</i> : 6.1 | \$250.00 | <input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(2) |
| 2 televisions & 2 cell phones Line from <i>Schedule A/B</i> : 7.1 | \$200.00 | <input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(2) |
| 9 mm handgun Line from <i>Schedule A/B</i> : 10.1 | \$20.00 | <input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(2) |
| Miscellaneous wearing apparel Line from <i>Schedule A/B</i> : 11.1 | \$1,750.00 | <input checked="" type="checkbox"/> \$1,750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(2) |

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| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|--|---|---|-------------------------------------|
| Misc costume jewelry, watches, ring Line from Schedule A/B: 12.1 | \$1,000.00 | <input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(2) |
| CPAP machine Line from Schedule A/B: 14.1 | \$1,500.00 | <input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(4) |
| Cash Line from Schedule A/B: 16.1 | \$35.00 | <input checked="" type="checkbox"/> \$35.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(3) |
| savings (#1715): Financial Center Line from Schedule A/B: 17.1 | \$0.00 | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(3) |
| checking (#2161): PNC Bank Line from Schedule A/B: 17.2 | \$1,615.05 | <input checked="" type="checkbox"/> \$315.04 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(3) |
| HSA: Husband's Health Savings Account-payroll deducted Line from Schedule A/B: 17.3 | \$500.00 | <input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 6-8-11-19 |
| checking (#1715): Financial Center Line from Schedule A/B: 17.5 | \$228.61 | <input checked="" type="checkbox"/> \$228.61 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(3) |
| Share (#2366): Forum CU (joint w/son) Line from Schedule A/B: 17.6 | \$14.42 | <input checked="" type="checkbox"/> \$14.42 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(3) |
| student checking (#2408): Forum CU (joint w/son) Line from Schedule A/B: 17.7 | \$24.64 | <input checked="" type="checkbox"/> \$24.64 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(3) |
| Share (#5800): Forum CU (joint with son) Line from Schedule A/B: 17.8 | \$16.22 | <input checked="" type="checkbox"/> \$16.22 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(3) |
| checking #1583): Forum CU (joint w/son) Line from Schedule A/B: 17.9 | \$210.31 | <input checked="" type="checkbox"/> \$166.07 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(3) |

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|--|---|---|-------------------------------------|
| Defined benefit plan: Indiana Public Employees' Retirement Fund Line from Schedule A/B: 21.1 | \$6,361.05 | <input checked="" type="checkbox"/> \$6,361.05 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(6) |
| 401(k): 401(k) administered by America Funds Line from Schedule A/B: 21.2 | \$1,310.68 | <input checked="" type="checkbox"/> \$1,310.68 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(6) |
| pension: Husband's retirement/pension accounts Line from Schedule A/B: 21.3 | Unknown | <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(6) |
| 403(b): Indianapolis Public Schools retirement annuity administered by AXA Equitable Life Insurance Company Line from Schedule A/B: 21.5 | \$802.00 | <input checked="" type="checkbox"/> \$802.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(6) |
| IRA (#5808): Forum CU-IRA Line from Schedule A/B: 21.6 | \$200.04 | <input checked="" type="checkbox"/> \$200.04 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(6) |
| rent: Rent Deposit Line from Schedule A/B: 22.1 | \$1,275.00 | <input checked="" type="checkbox"/> \$1,275.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(1) |
| Fax machine, projector, desk, computer Line from Schedule A/B: 39.1 | \$800.00 | <input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Ind. Code § 34-55-10-2(c)(2) |

3. **Are you claiming a homestead exemption of more than \$160,375?**
 (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

| | | | |
|---|---------------------------------|-------------|-----------|
| Debtor 1 | Ramon Lee Batts | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | Dountonia Shawntee Batts | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF INDIANA | | |
| Case number (if known) | 18-09567-RLM-13 | | |

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|--|--|---|
| 2.1 Ally Financial Creditor's Name PO Box 380901 Minneapolis, MN 55438-0902 Number, Street, City, State & Zip Code | Describe the property that secures the claim: 2014 Dodge Durango 7000 miles As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Security Agreement | \$30,937.84 | \$22,350.00 |
| | | \$8,587.84 | |
| Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt | | | |
| Date debt was incurred 7/2018 Last 4 digits of account number 7942 | | | |

| | | | | |
|--|--|-------------------|-------------------|----------------|
| 2.2 NPRTTO North-East, LLC Creditor's Name 256 W. Data Drive Draper, UT 84020 Number, Street, City, State & Zip Code | Describe the property that secures the claim: Lease-to-own furniture being purchased through NPRTTO North-East, LLC As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Security Agreement | \$1,616.13 | \$1,600.00 | \$16.13 |
| Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt | | | | |
| Date debt was incurred 5/2018 Last 4 digits of account number 0892 | | | | |

Debtor 1 **Ramon Lee Batts**

First Name Middle Name Last Name

Case number (if known)

18-09567-RLM-13Debtor 2 **Dountonia Shawntee Batts**

First Name Middle Name Last Name

Add the dollar value of your entries in Column A on this page. Write that number here:

\$32,553.97

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$32,553.97**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1 **Ramon Lee Batts**
 First Name Middle Name Last Name

Debtor 2 **Dountonia Shawntee Batts**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF INDIANA**

Case number **18-09567-RLM-13**
 (if known)

☐ Check if this is an amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|---|---|--------------------|--------------------|
| 2.1 Kara Taylor Priority Creditor's Name 8117 Harshaw Dr. Indianapolis, IN 46239 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number \$10,000.00 | \$10,000.00 | \$0.00 |
| When was the debt incurred? 2003 | | | |
| As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify | | | |
| child support arrears only Cause No. 49D07-0309-DR-001591 | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**Total claim**

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

4.1

American Medical Collection Agency

Nonpriority Creditor's Name

for

PO Box 1235

Elmsford, NY 10523-0935

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2196**

\$50.93

When was the debt incurred? **2/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

4.2

American Medical Collection Agency

Nonpriority Creditor's Name

for

PO Box 1235

Elmsford, NY 10523-0935

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5626**

\$20.29

When was the debt incurred? **2/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

4.3

Capital One Bank USA NA

Nonpriority Creditor's Name

10700 Capital One Way

Richmond, VA 23060

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0169**

\$916.00

When was the debt incurred? **11/2007**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

| | | | |
|-----|---|---|-------------------|
| 4.4 | Capitol One Nonpriority Creditor's Name Attn: General Correspondence PO Box 30281 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>9099</u> When was the debt incurred? <u>9/1/2013</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit card</u> | \$1,095.21 |
|-----|---|---|-------------------|

| | | | |
|-----|--|---|-----------------|
| 4.5 | Community Health Network Nonpriority Creditor's Name 7163 Solution Center Dr Chicago, IL 60677-7001 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>3960</u> When was the debt incurred? <u>7/2018</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u> | \$903.52 |
|-----|--|---|-----------------|

| | | | |
|-----|--|---|-----------------|
| 4.6 | Community Health Network Nonpriority Creditor's Name 7163 Solution Center Dr Chicago, IL 60677-7001 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>3960</u> When was the debt incurred? <u>6/2018</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u> | \$150.00 |
|-----|--|---|-----------------|

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

| | | |
|-----|--|---|
| 4.7 | Community Health Network Nonpriority Creditor's Name 7163 Solution Center Dr Chicago, IL 60677-7001 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>5855</u> \$379.86 When was the debt incurred? <u>8/7/18</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u> |
| 4.8 | Community Health Network Nonpriority Creditor's Name 7163 Solution Center Dr Chicago, IL 60677-7001 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u> </u> \$2,959.00 When was the debt incurred? <u>7/1/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u> |
| 4.9 | Community Health Network Nonpriority Creditor's Name 7163 Solution Center Chicago, IL 60677-7001 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u> </u> \$628.00 When was the debt incurred? <u>4/1/18</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u> |

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

4.1
0

Credit Collection Services

Nonpriority Creditor's Name
for Progressive Insurance
P.O. Box 607
Norwood, MA 02062

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5427** **\$156.00**

When was the debt incurred? **8/2014**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **car insurance**

4.1
1

Credit Collection Services

Nonpriority Creditor's Name
for Nationwide Insurance
725 Canton Street
Norwood, MA 02062

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9169** **\$334.12**

When was the debt incurred? **4/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **auto insurance**

4.1
2

Credit Collection Services

Nonpriority Creditor's Name
for Nationwide Insurance
725 Canton Street
Norwood, MA 02062

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0635** **\$24.57**

When was the debt incurred? **6/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **renters insurance**

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

4.1
3

Fed Loan Servicing

Nonpriority Creditor's Name

**PO Box 60610
Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$236,623.00

When was the debt incurred? **2/13/2009 - 9/1/2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **student loans**

4.1
4

Franklin Collection Service

Nonpriority Creditor's Name

**for
2978 W Jackson St
Tupelo, MS 38803**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$689.00

When was the debt incurred? **7/1/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **utility**

4.1
5

GLA Collections

Nonpriority Creditor's Name

**for Eskenazi Health
PO Box 991199
Louisville, KY 40269**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1281**

\$90.00

When was the debt incurred? **3/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

4.1
6

GLA Collections

Nonpriority Creditor's Name
for Community Home Health
PO Box 991199
Louisville, KY 40269

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **hers** **\$1,183.00**

When was the debt incurred? **4/2016 - 10/2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

4.1
7

GM Financial

Nonpriority Creditor's Name
PO Box 78143
Phoenix, AZ 85062-8143

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No

- ☐ Yes

Last 4 digits of account number **3780** **\$1.00**

When was the debt incurred? **2/1/2014**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Possible deficiency balance related to surrender of 2011 Buick Enclave 175,000 miles**

4.1
8

Harris & Harris, LTD

Nonpriority Creditor's Name
for IUH Emergency Med Wishard
111 W Jackson Blvd, #400
Chicago, IL 60604

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2415** **\$260.00**

When was the debt incurred? **11/2014**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

4.1
9

Harris & Harris, LTD

Nonpriority Creditor's Name

for IUH Emergency Med Wishard
111 W Jackson Blvd, #400
Chicago, IL 60604

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2415**

\$138.00

When was the debt incurred? **11/2014**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

4.2
0

Harris & Harris, LTD

Nonpriority Creditor's Name

for Indiana University Radiology
111 W Jackson Blvd, #400
Chicago, IL 60604

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2476**

\$122.00

When was the debt incurred? **2/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

4.2
1

Heights Finance

Nonpriority Creditor's Name

5220 E. Southport Road, Suite 1
Indianapolis, IN 46237

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5200**

\$643.45

When was the debt incurred? **11/2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **unsecured loan**

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

4.2
2

IMC Credit Services

Nonpriority Creditor's Name

**for Community Health Network
 6955 Hillsdale Court
 Indianapolis, IN 46250**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **hers**

\$3,614.00

When was the debt incurred? **4/2016- 9/2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

4.2
3

IMC Credit Services

Nonpriority Creditor's Name

**for Community Westview Hospital
 6955 Hillsdale Court
 Indianapolis, IN 46250**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1073**

\$564.00

When was the debt incurred? **10/2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

4.2
4

IMC Credit Services

Nonpriority Creditor's Name

**for Community Health Network
 6955 Hillsdale Court
 Indianapolis, IN 46250**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1316**

\$24.02

When was the debt incurred? **10/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

4.2
5

Jefferson Capital System

Nonpriority Creditor's Name

for Verizon Wireless
16 McLeland Road
Saint Cloud, MN 56303

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6212**

\$123.26

When was the debt incurred? **6/2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **lpad/cellular**

4.2
6

Med-1 Solutions, LLC

Nonpriority Creditor's Name

for Community Health Network
517 US Highway 31 N
Greenwood, IN 46142

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2083**

\$89.00

When was the debt incurred? **10/2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

4.2
7

Med-1 Solutions, LLC

Nonpriority Creditor's Name

for St.Vincent Physician Business
517 US Highway 31 N
Greenwood, IN 46142

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5699**

\$233.00

When was the debt incurred? **12/2013**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

4.2
8

Med-1 Solutions, LLC

Nonpriority Creditor's Name
for St. Vincent Physician Business
517 US Highway 31 N
Greenwood, IN 46142

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0857** **\$69.00**

When was the debt incurred? **4/2014**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
 Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

4.2
9

Mid America Clinical Labs

Nonpriority Creditor's Name
PO Box 740658
Cincinnati, OH 45274-0658

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$18.64**

When was the debt incurred? **7/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
 Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

4.3
0

Navient

Nonpriority Creditor's Name
PO Box 9655
Wilkes Barre, PA 18773

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **\$34,007.95**

When was the debt incurred? **2/19/99**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
 Type of NONPRIORITY unsecured claim:
☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify **student loan**

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

4.3
1

Navient

Nonpriority Creditor's Name

PO Box 9655

Wilkes Barre, PA 18773

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$6,942.59

When was the debt incurred? **8/16/00**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

student loan

4.3
2

Navient

Nonpriority Creditor's Name

PO Box 9655

Wilkes Barre, PA 18773

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$2,962.00

When was the debt incurred? **8/16/00**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

student loan

4.3
3

Nicholas Financial, Inc.

Nonpriority Creditor's Name

2454 McMullen Booth Rd, Bldg C-501

Clearwater, FL 33759

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **M16**

\$4,761.96

When was the debt incurred? **9/2012**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **repossessed automobile
Claim #1 filed by Autovest, L.L.C.**

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

4.3
4

Ray Skillman

Nonpriority Creditor's Name

**7550 E. Washington St.
Indianapolis, IN 46219**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$1.00

When was the debt incurred? **prior to 12/26/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice only for 2003 Chevrolet Trailblazer, 170,000 miles, which is now paid in full.**

4.3
5

Synchrony Bank/Amazon

Nonpriority Creditor's Name

**PO Box 965015
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$1,300.00

When was the debt incurred? **7/1/14**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **credit card**

4.3
6

T & H Realty

Nonpriority Creditor's Name

**760 E. 52nd Street
Indianapolis, IN 46205**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$902.75

When was the debt incurred? **6/2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Lawsuit filed under Case No. 49K01-1704-SC-002575**

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

4.3
7

Transworld Systems

Nonpriority Creditor's Name

**for Ameripath Indianapolis
 2135 E. Primrose, Suite Q
 Springfield, MO 65804**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6411**

\$19.91

When was the debt incurred? **9/12/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

4.3
8

Urology of Indiana

Nonpriority Creditor's Name

**PO Box 6069, Dept 14
 Indianapolis, IN 46206-6069**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4260**

\$165.43

When was the debt incurred? **8/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical**

4.3
9

Waypoint Resource Group LLC

Nonpriority Creditor's Name

**for Charter Bright House
 PO Box 8588
 Round Rock, TX 78683**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4028**

\$331.00

When was the debt incurred? **2/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **cable**

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

4.4
0

Waypoint Resource Group LLC

Nonpriority Creditor's Name

**301 Sundance Pkwy
Round Rock, TX 78681**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$330.00

When was the debt incurred? **2/1/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **cable**

4.4
1

Wynonne & Chajuanna Hale

Nonpriority Creditor's Name

**5345 Brendon Park Drive
Indianapolis, IN 46226**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

Last 4 digits of account number

\$6,000.00

When was the debt incurred? **6/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **judgment entered in Case No. 49K03-1804-SC-001847**

☐ Yes

☒ Other. Specify **Case No. 49K03-1710-SC-005720 is pending**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**11 Charter Brighthouse
PO Box 8588
Round Rock, TX 78683**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Ameripath
2560 N Shadeland Ave, #A
Indianapolis, IN 46219**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5086

Name and Address

**Atty. Laura Brooke Conway
151 N. Delaware St.
Ste. 1900
Indianapolis, IN 46204**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

Name and Address
Atty. Taffanee L. Keys
1389 West 86th Street
Suite 150
Indianapolis, IN 46260

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
IMC Credit Services
for Hillsdale Ct.
6955 Hillsdale Court
Indianapolis, IN 46250

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Lawrence Family Care and Pediatric
8501 E. 56th St. #120
Indianapolis, IN 46216

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Med-1 Solutions, LLC
for Community
517 US Highway 31 N
Greenwood, IN 46142

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Wyonne & Chajuanna Hale
8228 Belcrest Court
Indianapolis, IN 46256

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | Total Claim |
|--------------------------------|---|-----|-------------------|
| | | \$ | 10,000.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. | |
| | | \$ | 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | |
| Total claims from Part 2 | | \$ | 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | |
| | | \$ | 0.00 |
| | 6e. Total Priority. Add lines 6a through 6d. | 6e. | |
| | | \$ | 10,000.00 |
| Total claims from Part 2 | 6f. Student loans | 6f. | Total Claim |
| | | \$ | 43,912.54 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | |
| | | \$ | 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | |
| Total claims from Part 2 | | \$ | 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | |
| | | \$ | 265,913.92 |
| | 6j. Total Nonpriority. Add lines 6f through 6i. | 6j. | |
| | | \$ | 309,826.46 |

Fill in this information to identify your case:

| | | | |
|---|---------------------------------|-------------|-----------|
| Debtor 1 | Ramon Lee Batts | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | Dountonia Shawntee Batts | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF INDIANA | | |
| Case number (if known) | 18-09567-RLM-13 | | |

☐ Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|--|
| 2.1 First Key Homes | Residential lease expiring April 19, 2019 |
| 2.2 NPRTO North-East, LLC 256 W. Data Drive Draper, UT 84020 | lease to own furniture |

Fill in this information to identify your case:

| | | | |
|---|---------------------------------|-------------|-----------|
| Debtor 1 | Ramon Lee Batts | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | Dountonia Shawntee Batts | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF INDIANA | | |
| Case number (if known) | 18-09567-RLM-13 | | |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 Christopher Batts

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G _____

Fed Loan Servicing

Fill in this information to identify your case:

Debtor 1 Ramon Lee BattsDebtor 2 Dountonia Shawntee Batts
(Spouse, if filing)United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANACase number 18-09567-RLM-13
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY**Official Form 106I****Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☒ Employed
- ☐ Not employed

OccupationDirector of School Culture**Employer's name**Indianapolis Lighthouse Charter Schools**Employer's address**4002 N. Franklin Rd.
Indianapolis, IN 46226**Debtor 2 or non-filing spouse**

- ☒ Employed
- ☐ Not employed

English TeacherIndianapolis Lighthouse Charter Schools4002 N. Franklin Road
Indianapolis, IN 46226**How long employed there?**since 2/2018since 8/2018**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | | For Debtor 1 | For Debtor 2 or non-filing spouse |
|----|--|--------------------|-----------------------------------|
| 2. | List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | \$ <u>5,496.00</u> | \$ <u>4,164.00</u> |
| 3. | Estimate and list monthly overtime pay. | +\$ <u>0.00</u> | +\$ <u>0.00</u> |
| 4. | Calculate gross income. Add line 2 + line 3. | \$ <u>5,496.00</u> | \$ <u>4,164.00</u> |

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|------------------------|-----------------------------------|
| Copy line 4 here | 4. \$ 5,496.00 | \$ 4,164.00 |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 887.00 | \$ 1,041.00 |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ 0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ 0.00 |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ 0.00 |
| 5e. Insurance | 5e. \$ 420.00 | \$ 0.00 |
| 5f. Domestic support obligations | 5f. \$ 173.00 | \$ 0.00 |
| 5g. Union dues | 5g. \$ 0.00 | \$ 0.00 |
| 5h. Other deductions. Specify: Health Savings Account (HSA) | 5h.+ \$ 22.00 | \$ 0.00 |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ 1,502.00 | \$ 1,041.00 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 3,994.00 | \$ 3,123.00 |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ 0.00 |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ 0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ 265.00 |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ 0.00 |
| 8e. Social Security | 8e. \$ 0.00 | \$ 0.00 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security for son | 8f. \$ 0.00 | \$ 995.00 |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ 0.00 |
| 8h. Other monthly income. Specify: Part-time net income employer contribution to HSA account | 8h.+ \$ 475.00 | \$ 0.00 |
| | \$ 22.00 | \$ 0.00 |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ 497.00 | \$ 1,260.00 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 4,491.00 | \$ 4,383.00 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: | | 11. +\$ 0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies | | 12. \$ 8,874.00 |
| | | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: Husband typically earns bi-weekly gross pay of \$2,538.46. He has sometimes received a stipend in the past which is not guaranteed going forward. Husband is also adjunct professor at Martin University, Inc., and net income in 2018 averaged over 12 months was \$475.00. Husband pays child support (arrears only) for the 19 and 21 year old children which is payroll deducted. The wife receives child support for the 3 youngest children and Social Security for another child. Wife is driving a vehicle titled in son's name, but will need to obtain replacement vehicle when the leased to own furniture is paid off. | | |

Fill in this information to identify your case:

Debtor 1 Ramon Lee Batts

Debtor 2 Dountonia Shawntee Batts
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number 18-09567-RLM-13
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

wife's son

11

☐ No☒ Yes

wife's son

12

☐ No☒ Yes

wife's son

17

☐ No☒ Yes

Husband's son

19

☐ No☒ Yes

Husband's daughter

19

☒ No☐ Yes

Husband's son

21

☒ No☐ Yes3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,275.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses

4a. \$ 0.004b. \$ 29.004c. \$ 150.00

Debtor 1 **Ramon Lee Batts**

Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

- 4d. Homeowner's association or condominium dues
5. **Additional mortgage payments for your residence**, such as home equity loans

| | |
|--------|-------------|
| 4d. \$ | <u>0.00</u> |
| 5. \$ | <u>0.00</u> |

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

| | | |
|--|--|-----------------|
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | 355.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 180.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 560.00 |
| 6d. Other. Specify: _____ | 6d. \$ | 0.00 |
| 7. Food and housekeeping supplies | 7. \$ | 1,200.00 |
| 8. Childcare and children's education costs | 8. \$ | 300.00 |
| 9. Clothing, laundry, and dry cleaning | 9. \$ | 200.00 |
| 10. Personal care products and services | 10. \$ | 220.00 |
| 11. Medical and dental expenses | 11. \$ | 300.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ | 500.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 150.00 |
| 14. Charitable contributions and religious donations | 14. \$ | 327.00 |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ | 0.00 |
| 15b. Health insurance | 15b. \$ | 0.00 |
| 15c. Vehicle insurance | 15c. \$ | 275.00 |
| 15d. Other insurance. Specify: _____ | 15d. \$ | 0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | | |
| 16. \$ | | 0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. Other. Specify: lease-to-own furniture | 17c. \$ | 178.00 |
| 17d. Other. Specify: non-dischargeable student loans | 17d. \$ | 1,300.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | | |
| 18. \$ | | 0.00 |
| 19. Other payments you make to support others who do not live with you. | | |
| 19. \$ | | 0.00 |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ | 0.00 |
| 20b. Real estate taxes | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 21. Other: Specify: pet expenses | | |
| 21. +\$ | | 75.00 |
| 22. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | <div style="border: 1px solid black; padding: 5px;"> \$ 7,574.00 \$ 7,574.00 </div> | |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | | |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I. | 23a. \$ | 8,874.00 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ | 7,574.00 |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | | |
| 23c. \$ | | 1,300.00 |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain here: | | |

Fill in this information to identify your case:

Debtor 1 **Ramon Lee Batts**
First Name Middle Name Last Name

Debtor 2 **Dountonia Shawntee Batts**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number **18-09567-RLM-13**
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Ramon Lee Batts

Ramon Lee Batts
 Signature of Debtor 1

Date February 15, 2019

X /s/ Dountonia Shawntee Batts

Dountonia Shawntee Batts
 Signature of Debtor 2

Date February 15, 2019

Fill in this information to identify your case:

| | | | |
|---|---------------------------------|-------------|-----------|
| Debtor 1 | Ramon Lee Batts | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | Dountonia Shawntee Batts | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF INDIANA | | |
| Case number (if known) | 18-09567-RLM-13 | | |

☐ Check if this is an amended filing
Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

5345 Brendon Park Drive
Indianapolis, IN 46226

Dates Debtor 1 lived there

From-To:
10/2015 - 4/2018

Debtor 2 Prior Address:

☒ Same as Debtor 1

Dates Debtor 2 lived there

☒ Same as Debtor 1
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

Debtor 1

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

Debtor 2

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

| | Debtor 1 | | Debtor 2 | |
|--|--|--|--|--|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$68,807.76 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$18,412.33 |
| | <input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | \$3,150.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | \$10,000.00 |
| For last calendar year: (January 1 to December 31, 2017) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$55,017.58 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$6,455.00 |
| | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$0.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | \$10,000.00 |
| For the calendar year before that: (January 1 to December 31, 2016) | <input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | \$6,349.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$0.00 |
| | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$65,205.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$0.00 |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

| | Debtor 1 | Debtor 2 |
|--|--------------------------------------|--|
| | Sources of income Describe below. | Sources of income Describe below. |
| From January 1 of current year until the date you filed for bankruptcy: | \$0.00 | Social Security for son \$11,616.00 |
| | \$0.00 | Estimated child support \$3,180.00 |
| For last calendar year: (January 1 to December 31, 2017) | \$0.00 | Estimated child support \$3,180.00 |
| | \$0.00 | Estimated Social Security for son \$11,500.00 |

Debtor 1 **Ramon Lee Batts**
 Debtor 2 **Dountonia Shawntee Batts**

Case number (if known) **18-09567-RLM-13**

| Debtor 1 | | Debtor 2 | |
|---|---|--------------------------------------|---|
| Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| For the calendar year before that: (January 1 to December 31, 2016) | | Estimated child support | \$3,180.00 |
| | | Estimated Social Security for son | \$11,500.00 |
| | | | |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.
☒ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for ... |
|-----------------------------|------------------------------|-------------------|----------------------|--|
| First Key Homes | last 90 days prior to filing | \$4,080.00 | \$0.00 | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Rent</u> |
| Ally Financial | last 90 days prior to filing | \$2,087.00 | \$0.00 | <input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other ____ |
| Ray Skillman | 11/26/2018 | \$960.84 | \$0.00 | <input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other ____ |

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7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|----------------------------|------------------|-------------------|----------------------|--|
|----------------------------|------------------|-------------------|----------------------|--|

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

| Case title Case number | Nature of the case | Court or agency | Status of the case |
|---|--|--|--|
| Wyonne Hale & Chajuanna Hale v. Ramon Batts & Dountonia Batts 49K03-1804-SC-001847 | Civil complaint for monies owed | Marion County Small Claims court Lawrence Township Division | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded Judgment entered on or about September 28, 2018, for \$6,000.00, plus costs and interest |
| T & H Realty Services, Inc. v. Ramon Batts 49K01-1704-SC-002575 | Civil complaint for monies owed | Marion County Small Claims Court Center Township Division | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded Motion to Enter Judgment filed 12/26/2018 |
| Briarbrook Farm Community Association Inc. v. Ramon Batts 49K06-0410-SC-008537 | Civil complaint for monies owed | Marion County Small Claims Court Warren Township Division | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded Default judgment entered on or about 1/25/2005 |

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| Case title Case number | Nature of the case | Court or agency | Status of the case |
|--|---------------------------------|--|---|
| In re: The Marriage of Ramon L. Batts and Kara M. Batts (nka Taylor) 49D07-0309-DR-001591 | Dissolution of Marriage | Marion Superior Court No. 7 | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded Decree of Dissolution of Marriage entered May 11, 2004. Order Granting Petition to Terminate Child Support Due to Emancipation of Minor Child and Child Support Modification filed September 18, 2017 |
| Wyonne Hale & Chajuana Hale vs. Ramon Batts & Dountonia Batts 49K03-1710-SC-005720 | Civil complaint for monies owed | Marion County Small Claims Court Lawrence Township Division | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded Order granting motion to vacate hearing entered 5/29/2018 |
| Montgomery Ward Credit Corp. vs. Dountonia Shawntee Slack nka Batts 49K01-9602-SC-01584 | Civil complaint for monies owed | Marion County Small Claims Court Warren Township Division | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded Judgment entered 9/29/2008 for approximately \$1,627.52 |
| Edinburgh Fire & Rescue vs. Dountonia Slack, nka Batts 03D02-9807-SC-001648 | Civil complaint for monies owed | Bartholomew Superior Court No. 2 | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded Default judgment entered on or about April 2, 1999, for \$335.00 plus \$35.00 court cost, plus interest |
| Aphodite Restaurant Corp. vs. Dountonia Slack nka Batts 79E01-9409-SC-003802 | Civil complaint for monies owed | Tippecano County Court 1 | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded Judgment entered on or about September 12, 1994, for \$645.17, plus costs and interest |
| Finance Center Federal CU vs. Dountonia Shawntee Slack 79D01-9502-CP-000106 | Civil complaint for monies owed | Tippecanoe Superior Court No. 1 | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded Default judgment entered on or about May 24, 1995, for \$4,184.17, plus costs and interest |

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| Case title Case number | Nature of the case | Court or agency | Status of the case |
|---|------------------------------------|---|---|
| Near North Development Corp. vs. Dountonia Slack 49K01-1306-SC-004761 | Civil complaint for monies owed | Marion County Small Claims Court Center Township Division | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded |
| | | | Damages hearing dismissed on or about August 5, 2013 |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
☒ Yes. Fill in the information below.

| Creditor Name and Address | Describe the Property Explain what happened | Date | Value of the property |
|---|---|-------------------|--------------------------|
| GM Financial | 2011 Buick Enclave was repossessed/surrendered to creditor | 11/3/2018 | \$9,425.00 |
| <input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied. | | | |
| City of Indinapolis | 1995 Lincoln Towncar was impounded | November, 2018 | \$500.00 |
| <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input checked="" type="checkbox"/> Property was attached, seized or levied. | | | |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|--------------------------|--------|
| | | | |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|---|--------------------|-----------------------------|-------|
| Person to Whom You Gave the Gift and Address: | | | |

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14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☐ No

☒ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
|--|--|--|------------|
| Greater Zion - Hill Mission Baptist Chru 1902 N. Harding St. Indianapolis, IN 46202 | tithes and offerings 2018 -- \$3,923.00 2017 -- \$2,222.00 | January 1, 2017-Decemb er 31, 2018 | \$6,145.00 |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
|--|---|-------------------|------------------------|

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

| Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--|---|-----------------------------------|-------------------|
| Tom Scott & Associates, P.C. 6100 N. Keystone Ave. Ste. 454 Indianapolis, IN 46220-2429 bk@tomscottlaw.com | Attorney Fees | July-August, 2018 | \$965.00 |
| MoneySharp Credit Counseling Inc. 1916 N. Fairfield Ave. Suite 200 Chicago, IL 60647 | credit counseling class/certificate | 9/25/2018 | \$10.00 |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

| Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--------------------------------|---|-----------------------------------|-------------------|
|--------------------------------|---|-----------------------------------|-------------------|

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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
☐ Yes. Fill in the details.

| Person Who Received Transfer Address | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|--------------------------------------|---|--|------------------------|
| Person's relationship to you | | | |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☐ No
☐ Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date Transfer was made |
|---------------|---|------------------------|
| | | |

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☐ Yes. Fill in the details.

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|-------------------------------|--|---|
| | | | | |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No
☐ Yes. Fill in the details.

| Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|--|---|-----------------------|-----------------------|
| | | | |

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☐ Yes. Fill in the details.

| Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|---|--|-----------------------|-----------------------|
| | | | |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☐ Yes. Fill in the details.

| Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
|---|---|-----------------------|-------|
| | | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|
|--|---|-----------------------------------|----------------|

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|
|--|---|-----------------------------------|----------------|

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

| Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
|---------------------------|---|--------------------|--------------------|
|---------------------------|---|--------------------|--------------------|

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation
☐ No. None of the above applies. Go to Part 12.

- ☒ Yes. Check all that apply above and fill in the details below for each business.

| Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. |
|--|---|--|
| Collaborative Resource Company, LLC | | Dates business existed EIN: 82-2943091 From-To September 29, 2017-present |
| Scriptura Granting Writing and Fundraising Professionals LLC | consulting firm | EIN: 27-2904108 From-To 6/23/2010-present (\$0.00 income in 2018) |

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| | | |
|--|---|--|
| Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. |
| Husband-sole proprietor | counslor | Dates business existed EIN: xxx-xx-9486 From-To 2015-2018 |
| Riverside Investment Club, LLC | | EIN: From-To October 2, 2017-present |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

| | |
|---|--------------------|
| Name Address (Number, Street, City, State and ZIP Code) | Date Issued |
|---|--------------------|

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Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Ramon Lee Batts

Ramon Lee Batts
 Signature of Debtor 1

Date February 15, 2019

/s/ Dountonia Shawntee Batts

Dountonia Shawntee Batts
 Signature of Debtor 2

Date February 15, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Southern District of Indiana

In re **Ramon Lee Batts**
Dountonia Shawntee Batts

Debtor(s)

Case No. **18-09567-RLM-13**
 Chapter **13**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | | |
|---|----|------------------------|
| For legal services, I have agreed to accept | \$ | <u>4,000.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>990.00</u> |
| Balance Due | \$ | <u>3,010.00</u> |
2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]

REFER TO THE GUIDELINES FOR PAYMENT OF ATTORNEYS' FEES CONTAINED IN THE RIGHTS & RESPONSIBILITIES OF CHAPTER 13 DEBTORS AND THEIR ATTORNEYS FORM FILED IN THE ABOVE-CAPTIONED CASE.
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

REFER TO THE GUIDELINES FOR PAYMENT OF ATTORNEYS' FEES CONTAINED IN THE RIGHTS & RESPONSIBILITIES OF CHAPTER 13 DEBTORS AND THEIR ATTORNEYS FORM FILED IN THE ABOVE-CAPTIONED CASE.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 15, 2019

Date

/s/ Jess M. Smith, III

Jess M. Smith, III

Signature of Attorney

Tom Scott & Associates, P.C.

6100 N. Keystone Ave.

Ste. 454

Indianapolis, IN 46220-2429

317-255-9915 Fax: 317-257-5059

bk@tomscottlaw.com

Name of law firm